



application form

Criminalistics Training Course

Application Form

Please complete this form clearly and carefully.



Course applied for:

Course Number:

Prerequisite courses taken (if applicable):

(Explain how you qualify if you do not have a prerequisite class):

Experience in the subject area ☐ None ☐ < 1 yr ☐ 1-2 yrs ☐ 2-5 yrs ☐ >5 yrs

Percent of time to be spent in subject area ☐ < 25% ☐ 25-50% ☐ 50-75% ☐ >75%

Personal details

Name

Title

SSN

email

CAC membership status: ☐ Member ☐ Non-member

Phone

Fax

Disabled services needed

Agency & Supervisor/Training Coordinator details

Name

Title

email

Phone

Agency Name

Address

City

State

Zip

Submission to be verified by applicant's supervisor:

I certify that the above information is correct (signature & date)

Note on email submissions: In lieu of signature emailed applications must be sent by supervisor

Send To: California Criminalistics Institute
4949 Broadway, Room A104
Sacramento, CA 95820

Phone: 916.227.3575
Fax: 916.454.5433
email: cci@doj.ca.gov

CCI use

Registrar

Received

Enrolled Wait list

Do Not Register

By

Initial

Class Date

Date

